



# **Perinatal Mental Health and Substance Use Disorders: Their Impact and What We Can Do About It**

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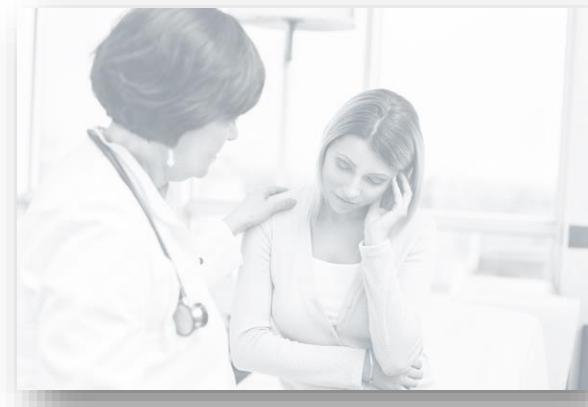
# Objective 1: To provide an overview of epidemiology related to perinatal mental health conditions, and effects on maternal and infant health, and maternal mortality

**1 in 5**

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters



# Objective 2: To describe current professional recommendations, policies, and expectations, regarding integration of obstetric and behavioral health care

1 in 5

women around the world will suffer from a  
maternal mental health complication



#MaternalMHMatters



# Objective 3: Outline approaches to sealing gaps in care by building front line provider capacity to address perinatal mental health, substance use disorders and intimate partner violence



# Speakers



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MPH,  
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UMass Medical  
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**MFM  
University of  
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**UMass  
Medical  
School**



# **Maternal Mortality: Obstetric Providers need to address Mental Health**

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Medical Director, Lifeline4Moms

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# Disclosure: Tiffany Moore Simas, MD, MPH, MEd

	Employer	Grant Funding	Consultant	Committee	Travel Support	Ad Board or Honorarium
UMMS/UMMHC	X					
MCPAP for Moms			X			
Lifeline4Moms		X				
NIH		X				
CDC		X				
Perigee Fund		X				
ACOG				X	X	
Council on Pt Safety				X		
Sage Therapeutics			X		X	X
Ovia Health			X			
Miller Medical					X	X
McGraw Hill						X
Premier					X	

# Mental Health Conditions (PMAD & SUD) are the most common complications of pregnancy

**1 in 5**

women around the world will suffer from a  
maternal mental health complication



#MaternalMHMatters

# Substance Use Disorder in pregnancy often co-occur with mental health conditions and are common.

- 5% illicit substances\*
- 10% drink alcohol\*
- 15% use tobacco\*

More common than:

- Cystic fibrosis
- GDM
- Preeclampsia



\* SAMHSA (2013) – self-reported, civilian, non-incarcerated

# Maternal mental health affects mom, child, and family

Preterm delivery  
Low birth weight  
NICU admissions

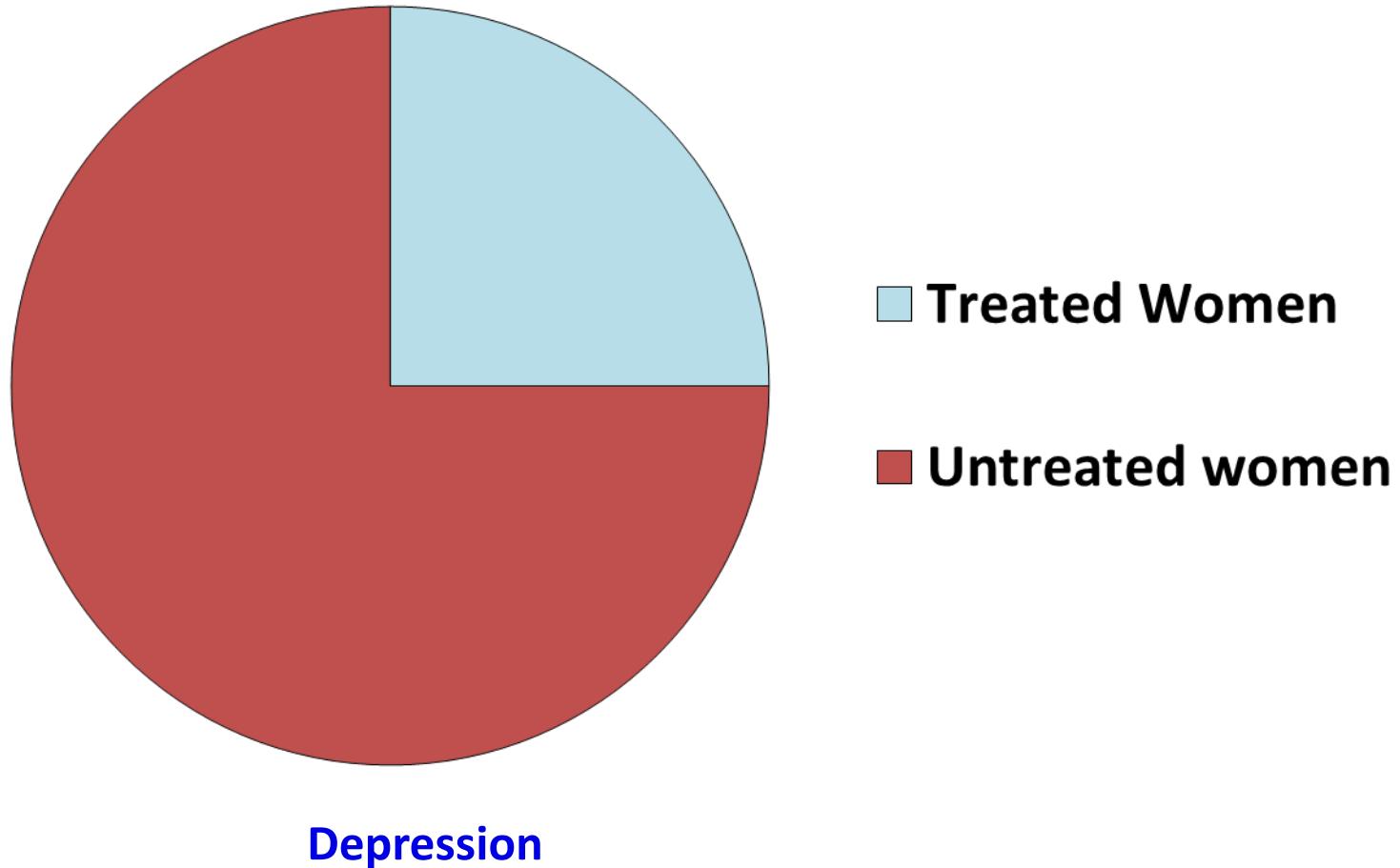
Cognitive delays  
Motor & Growth issues  
Behavioral problems  
Mental health disorders



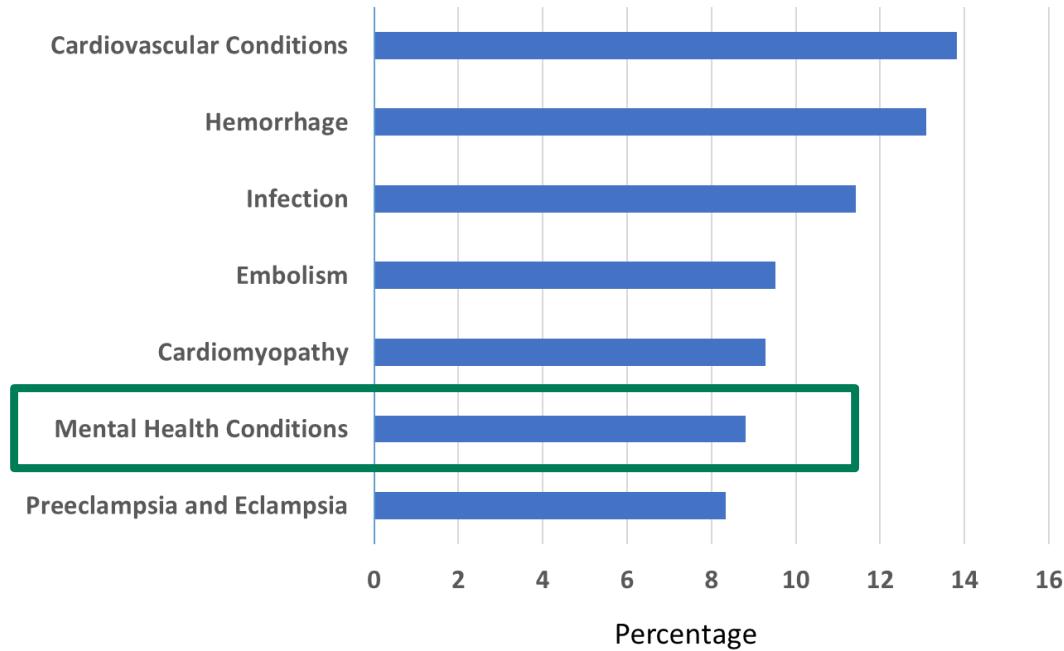
Less engagement in medical care  
Smoking & substance use

Lactation challenges  
Bonding issues  
Adverse partner relationships

# The vast majority of perinatal mental health conditions are unrecognized and untreated



# Mental Health Conditions are a Leading Underlying Cause of Pregnancy-Related Deaths



Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019

## Mental Health Conditions:

Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).



# Most deaths occurred during the postpartum period

**19%**

of deaths  
occurred during  
pregnancy

**14%**

of deaths occurred  
**within 42 days of**  
end of pregnancy

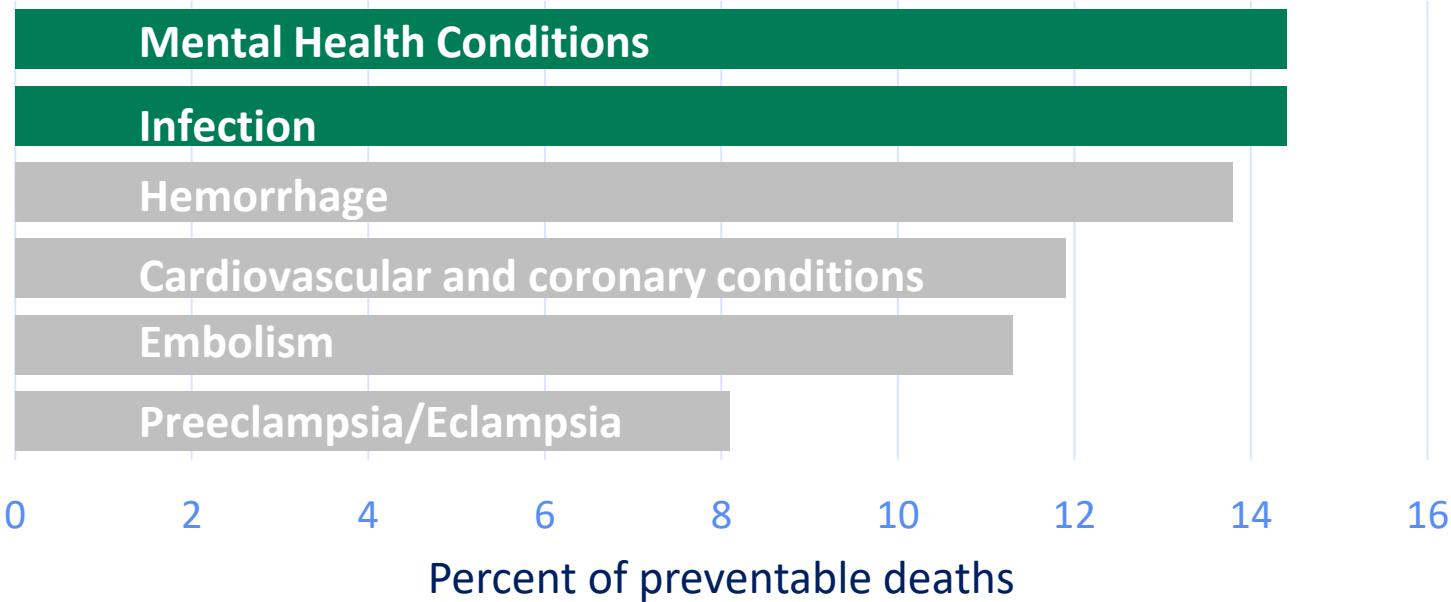
**68%**

of deaths occurred  
**43-365 days postpartum**

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# Mental health conditions and infection were the leading causes among preventable deaths

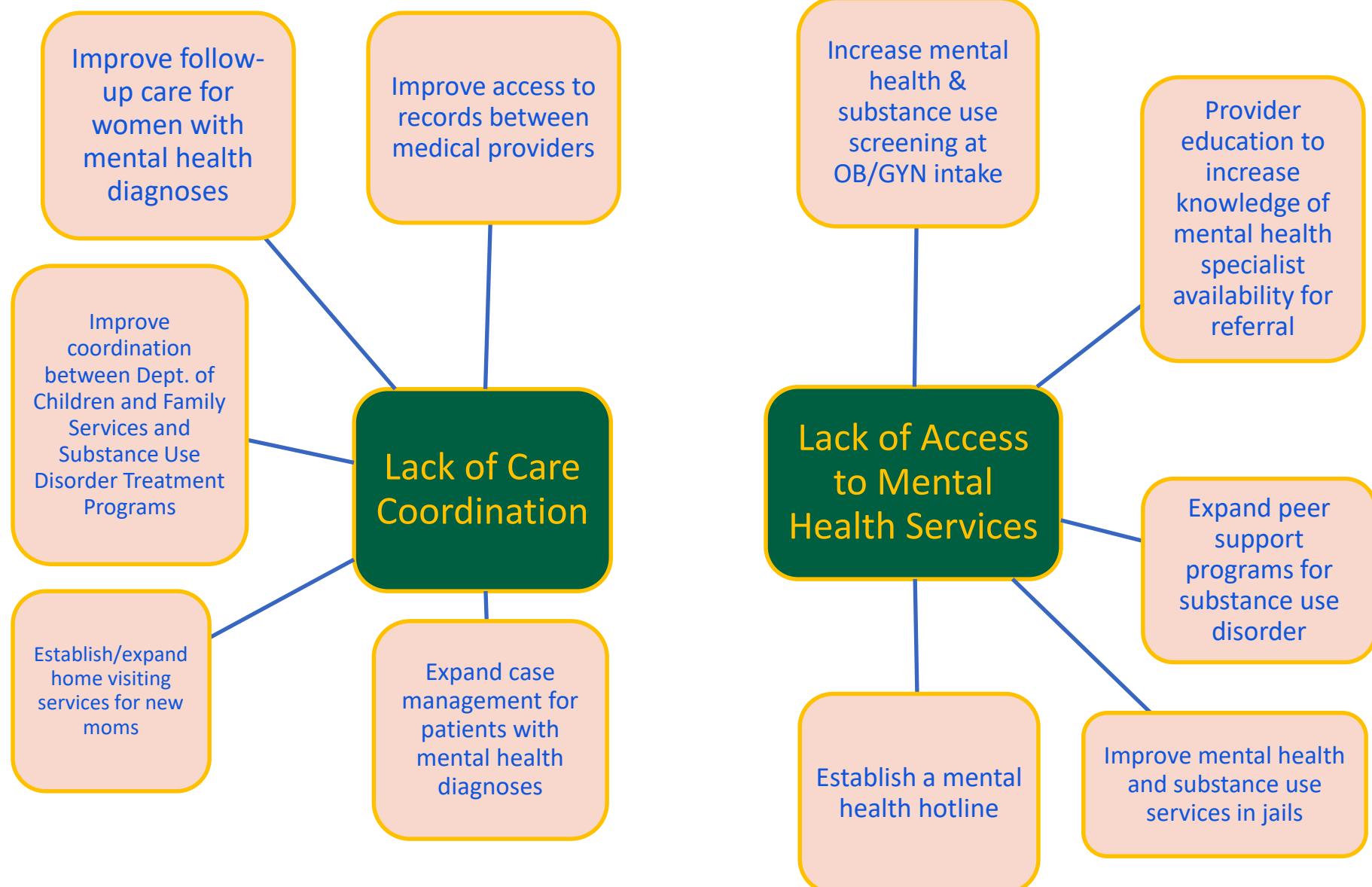


# 100%

of pregnancy-related mental  
health deaths were  
determined to be  
**preventable**



# Contributors & recommendations: themes



# The health care system needs to change to address perinatal mental health & substance use disorders





# Women need to be screened for Perinatal Mood and Anxiety Disorders (PMADs)

2015, 2018



Depression & Anxiety

At least once  
during the  
perinatal  
period

2016



Depression

At least once  
during  
pregnancy  
and again pp

2016-2017



Depression & Anxiety  
(Bipolar disorder)

Twice in  
pregnancy  
and again pp

# Women need to be screened for Substance Use Disorders in Pregnancy

2017



- Comprehensive part of prenatal Care
  - 1<sup>st</sup> prenatal Visit
- Universal
  - Diverse population
- Validated tool
  - Self-report underestimates frequency and severity
  - Testing with risks of false positives (esp immunoassays)
- Partnership with pregnant woman



## COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

safe health care for every woman





American Association of Nurse Anesthetists



American Board of Obstetrics and Gynecology



American College of Nurse Midwives



American Academy of Family Physicians



American College of Osteopathic Obstetricians and Gynecologists



American College of Obstetricians and Gynecologists



American Society of Anesthesiologists



American Society for Reproductive Medicine



American Urogynecologic Society



Association of Women's Health Obstetric and Neonatal Nurses



National Association of Nurse Practitioners in Women's Health



Patient Advocate



Patient Advocate  
Miranda Klassen



Preeclampsia Foundation



Society for Academic Specialists in General Obstetrics and Gynecology



Society of Gynecologic Oncology



Society of Gynecologic Surgeons



Society for Maternal Fetal Medicine



Society for Obstetric Anesthesia and Perinatology



Society of OB/GYN Hospitalists



Society for Reproductive Endocrinology and Fertility

2016

PATIENT  
SAFETY  
BUNDLE

# Maternal Mental Health

- READINESS**  
Every Clinical Care Setting
- RECOGNITION & PREVENTION**  
Every Woman
- RESPONSE**  
Every Case
- REPORTING/SYSTEMS LEARNING**  
Every Clinical Care Setting



2017

PATIENT  
SAFETY  
BUNDLE

# Obstetric Care for Women with Opioid Use Disorder

# The perinatal period is ideal for the detection, assessment and treatment of PMAD & SUD

**Regular opportunities to screen  
and engage women in  
treatment**

**Obstetric providers have a pivotal  
role**

- Patient acceptability**
- Decrease stigma**
- 80 PCP:20 Psych**



# Many obstetric providers are inadequately prepared and resourced to address PMAD & SUD

**Not always part of professional identity**

**Lack of guidance**

**Lack of training**

**Lack of resources and referrals**

**Inadequate psychiatric referral network**



# It is difficult for pregnant and postpartum women to access treatment



# We need multi-level interventions that address patient, provider systems and barriers





# **National Initiatives for Building Front-line Provider Capacity to Address Perinatal Mental Health and Substance Use Disorders**

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Medical Director, MCPAP for Moms

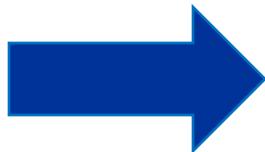
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# Disclosure: Nancy Byatt, DO, MS, MBA

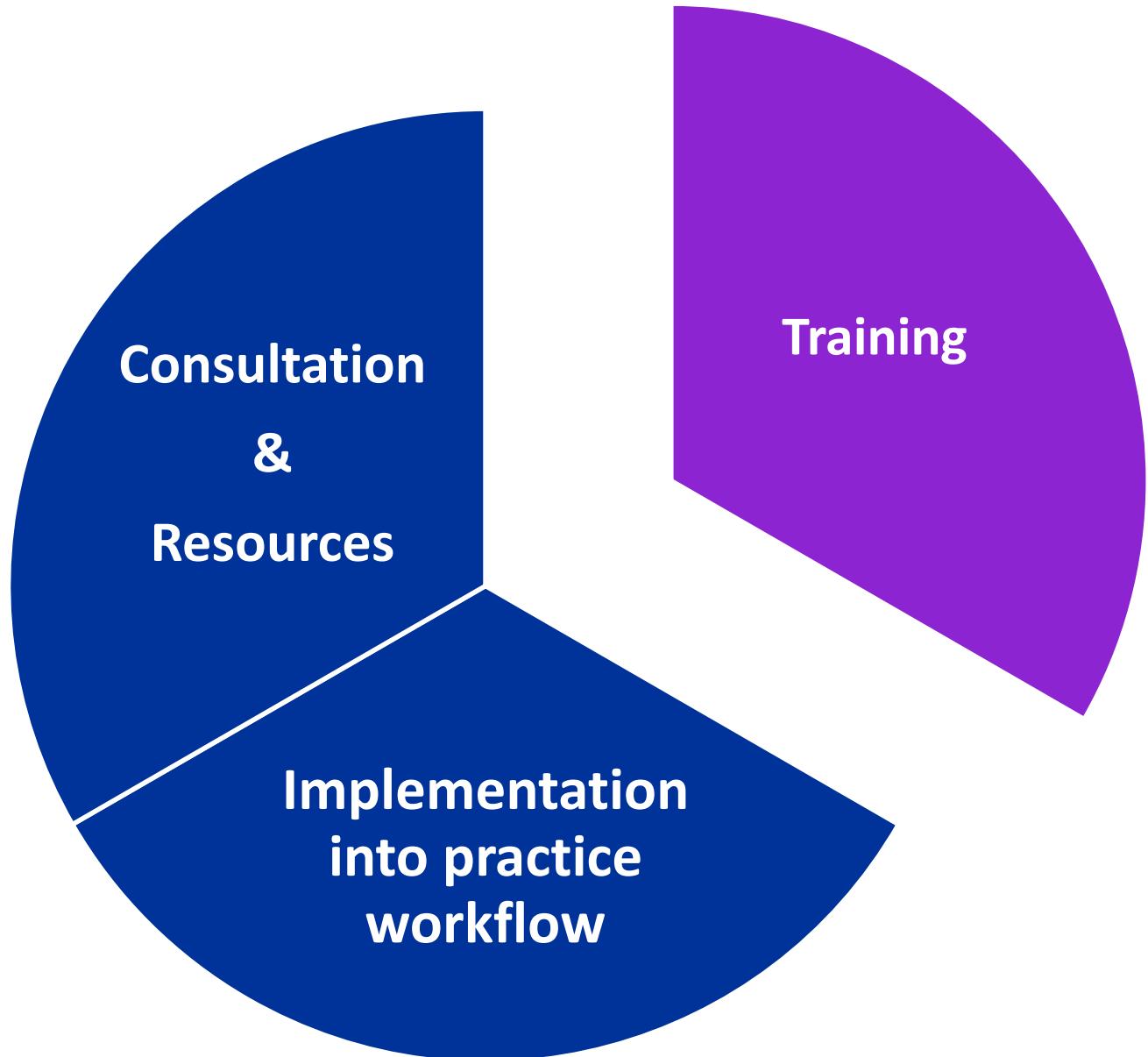
	Employment	Management	Independent Contractor	Consulting	Speaking and Teaching	Board, Panel or Committee Membership
Miller Medical Communications					D	
Mathmatica						D
Ovia Health			D	D		
Sage Therapeutics				D	D	D
UMass Memorial Medical Center/UMass Medical School	D	D				
WebMD					D	

# Building front line provider capacity to provide mental health care can provide a solution



**How can you or your state or health system help address this and what resources are available?**





# Education occurs through trainings, toolkits, and website resources

**MCPAP** For Moms

Contact number for providers: 855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms | How We Help Providers | Toolkits and Resources | Our Team | For Mothers and Families



Click Below For Video



**MCPAP for Moms** promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

**Provider Resources**

**One in Seven**  
One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

**In the News »**

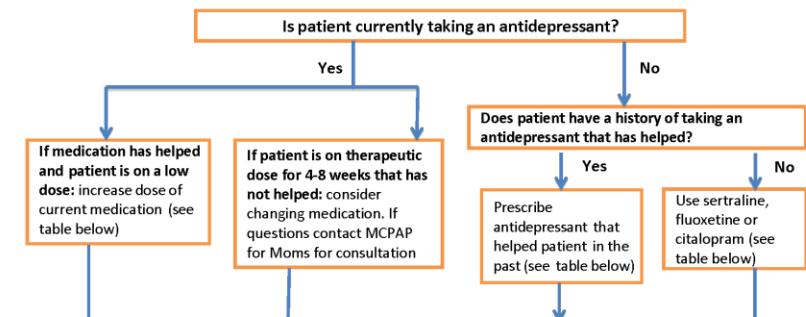
FOR PROVIDERS ONLY  
Enroll in MCPAP for Moms



Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.

**MCPAP** For Moms

**Antidepressant Treatment Algorithm**  
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)



```
graph TD
    A[Is patient currently taking an antidepressant?] -- Yes --> B[If medication has helped and patient is on a low dose: increase dose of current medication (see table below)]
    A -- Yes --> C[If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation]
    A -- No --> D[Does patient have a history of taking an antidepressant that has helped?]
    D -- Yes --> E[Prescribe antidepressant that helped patient in the past (see table below)]
    D -- No --> F[Use sertraline, fluoxetine or citalopram (see table below)]
    B --> G[To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.]
    C --> G
    E --> G
    F --> G
```

**First line treatment (SSRIs)**

*sertraline (Zoloft) 50-200 mg Increase in 50 mg increments	fluoxetine (Prozac) 20-60 mg Increase in 10 mg increments	citalopram (Celexa) 20-40 mg Increase in 10 mg increments	escitalopram (Lexapro) 10-20mg Increase in 10 mg increments
--	--	--	--

**Second line treatment**

SSRIs	SNRIs	Other	If a first or second line medicine is currently helping, continue it
*paroxetine (Paxil) 20-60mg Increase in 10 mg increments	venlafaxine (Effexor) 75-300mg Increase in 75 mg increments	bupropion (Wellbutrin) 300-450mg Increase in 75 mg increments	Strongly consider using first or second line medicine that has worked in past
*fluvoxamine (Luvox) 50-200mg Increase in 50 mg increments	duloxetine (Cymbalta) 30-60mg Increase in 20 mg increments	mirtazapine (Remeron) 15-45mg Increase in 15 mg increments	

\*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. In general, if an antidepressant has helped it is best to continue it during lactation.

**Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment**

If no/minimal clinical improvements after 4-8 weeks:

1. If patient has no or minimal side effects, increase dose.
2. If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects

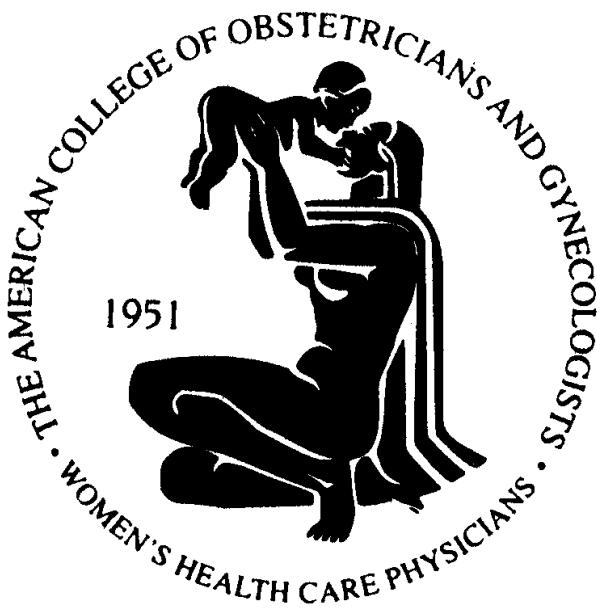
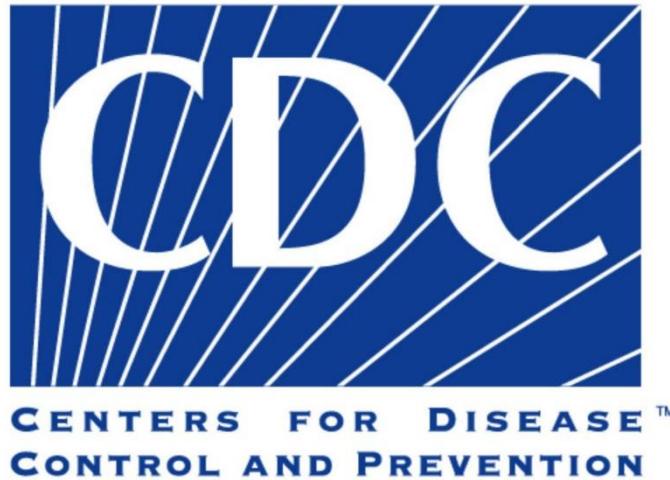
Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

**CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272**

*MCPAP for Moms: Promoting maternal mental health during and after pregnancy  
Revision 04.28.14*

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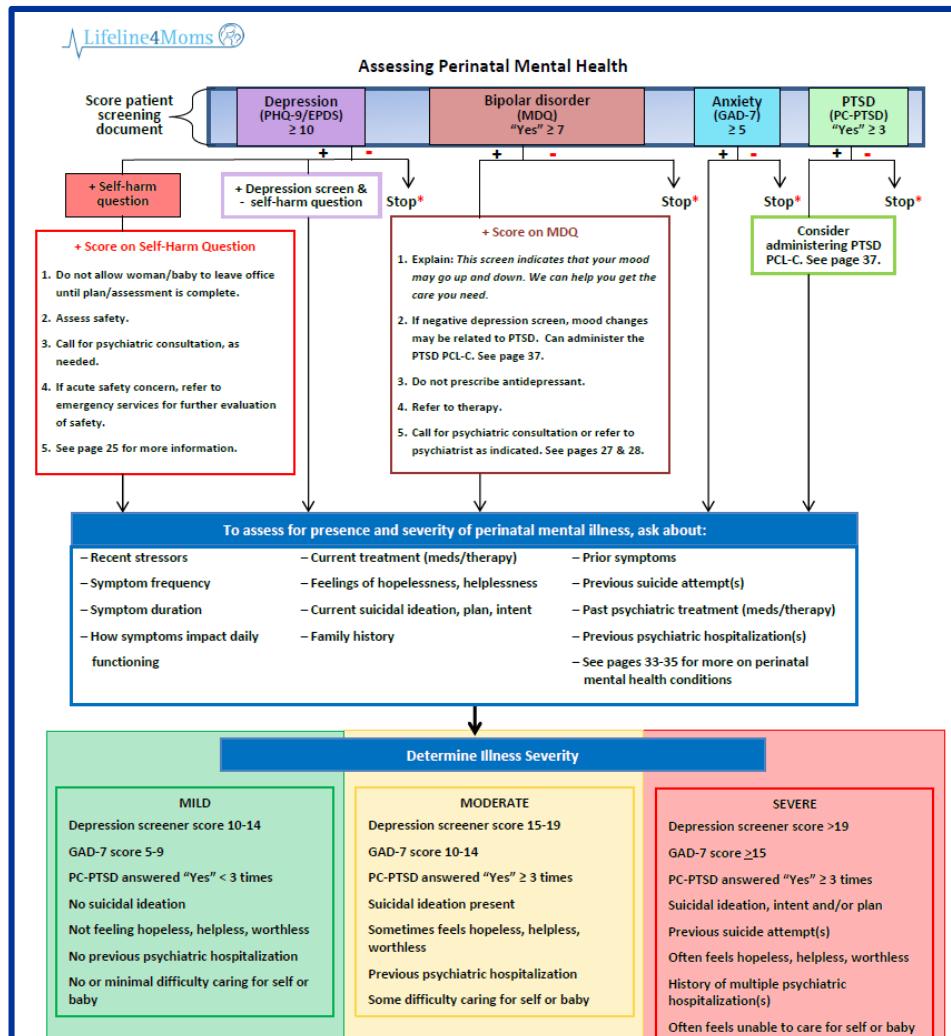
[www.mcpapformoms.org](http://www.mcpapformoms.org)  
Tel: 855-Mom-MCPAP (855-666-6272)



## Perinatal Mental Health Toolkit

# Toolkit for addressing perinatal mental health conditions

[www.lifeline4moms.org](http://www.lifeline4moms.org)



## Promoting Maternal Mental Health During and After Pregnancy

[About MCPAP for Moms](#)

[How We Help Providers](#)

[Toolkits and Resources](#)

[Our Team](#)

[For Mothers and Families](#)

[MCPAP for Moms Toolkit -](#)

[Adult Provider »](#)

[MCPAP for Moms Toolkit -](#)

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[Substance Use Resources for Providers »](#)

[PowerPoint Presentations »](#)

[Print Materials »](#)

[Emergency Services Programs »](#)

[Other Resources for Providers »](#)

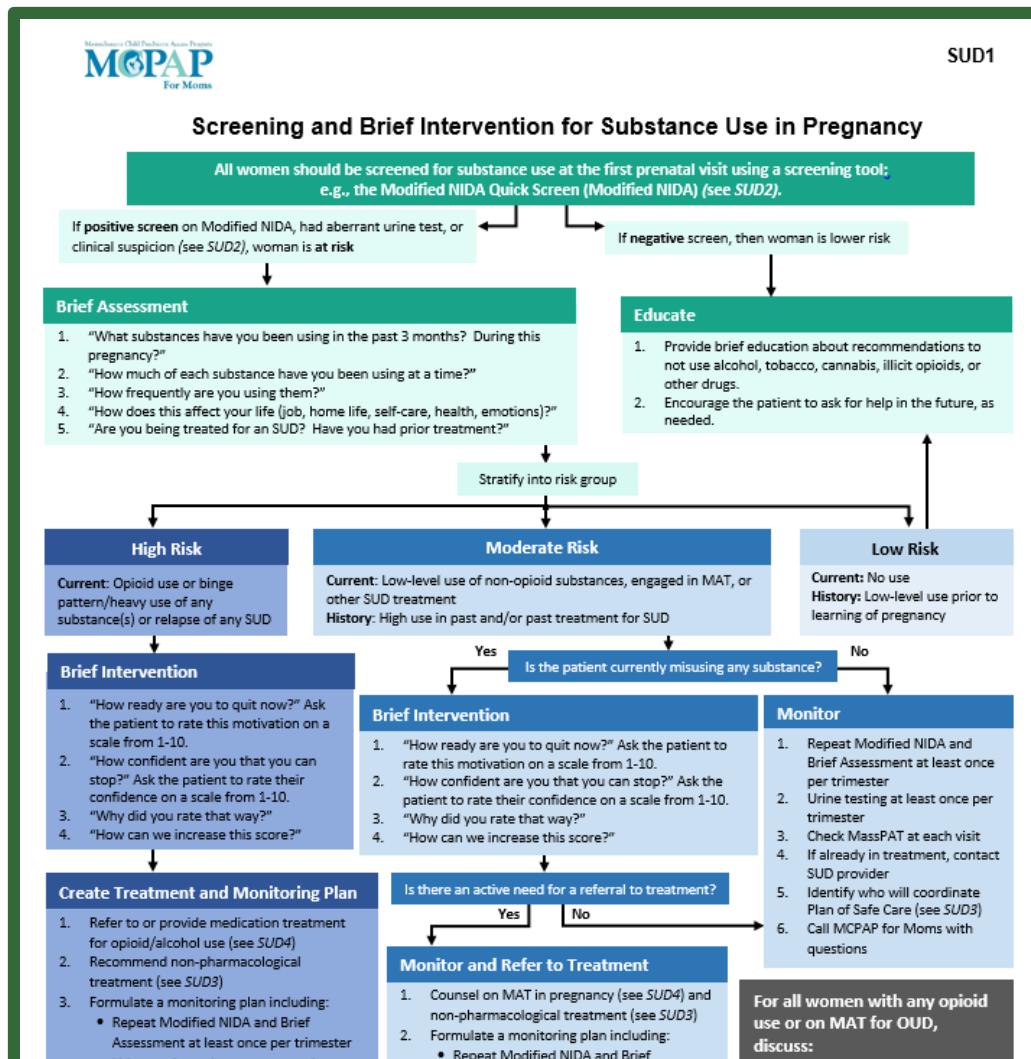
Click Below For Video

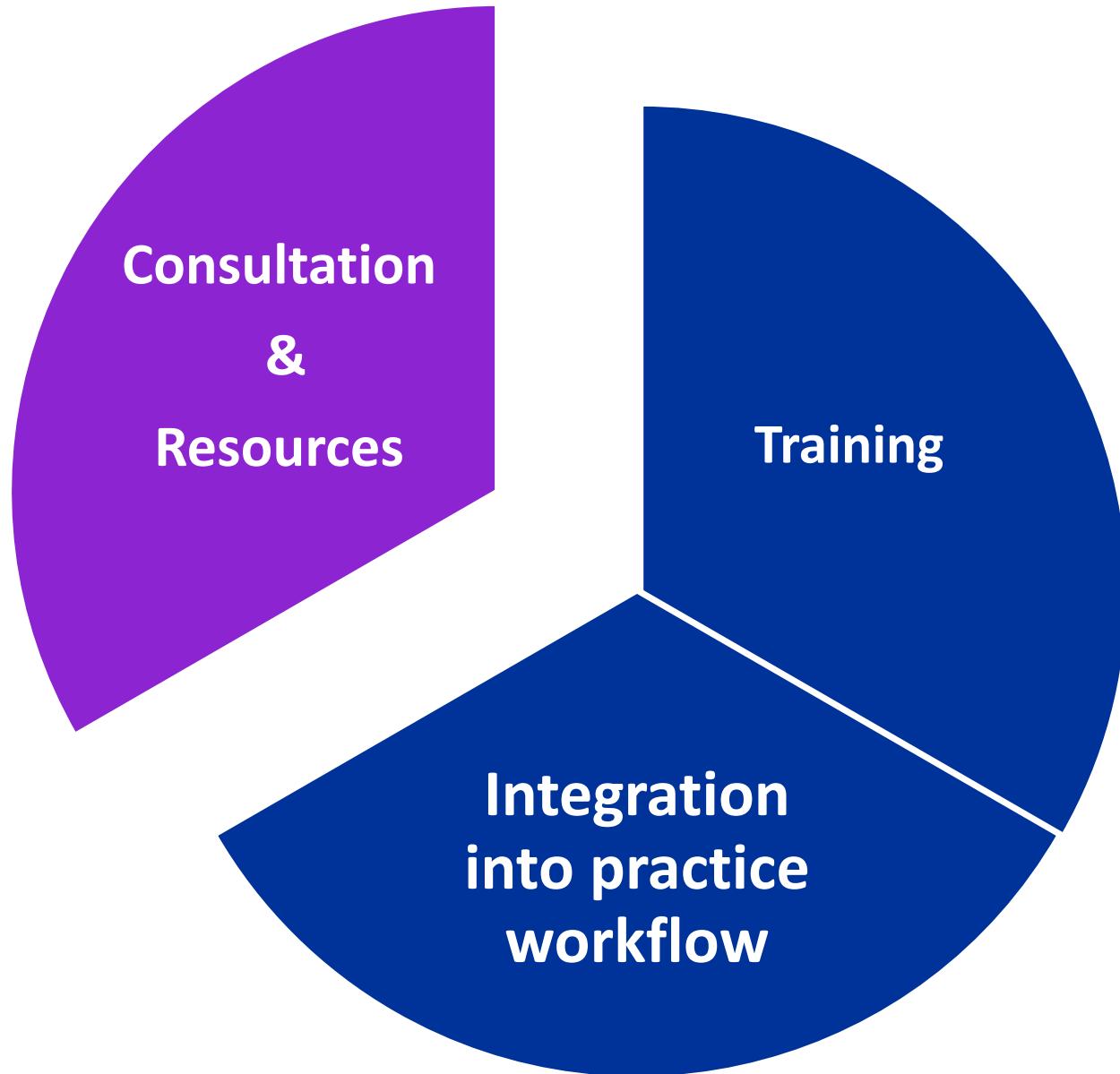


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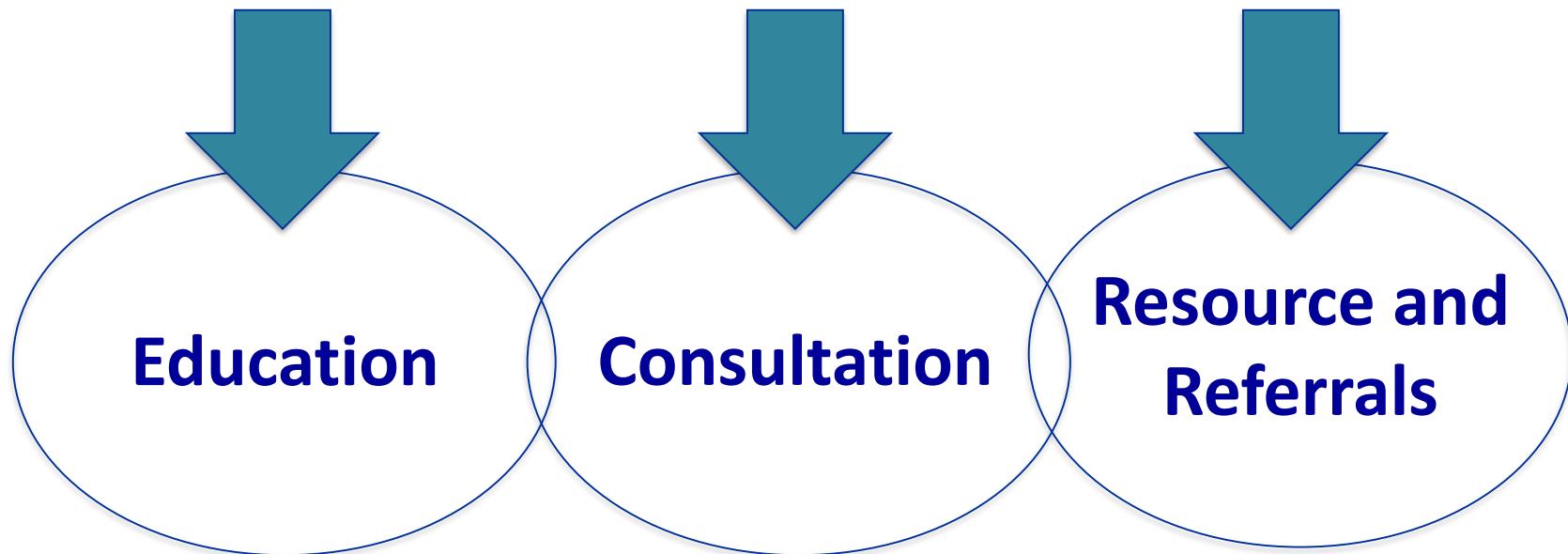
# Toolkit for addressing substance use disorders in pregnancy and postpartum

[www.mcpapformmoms.org](http://www.mcpapformmoms.org)



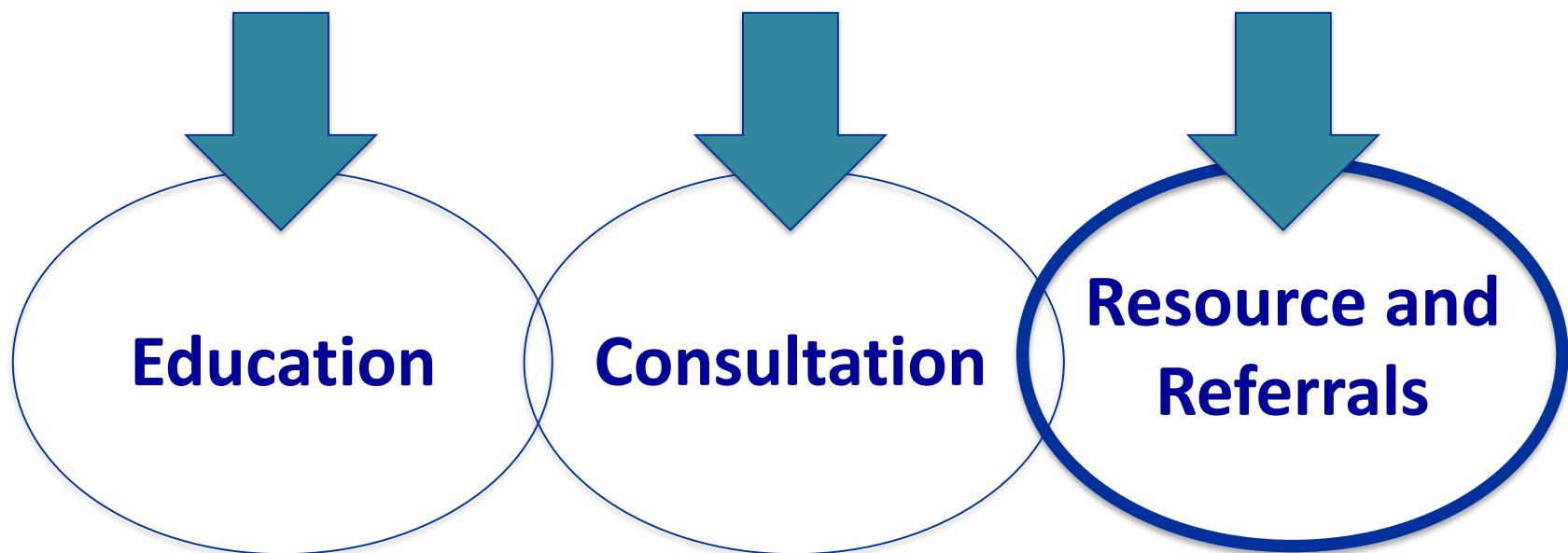


Massachusetts Child Psychiatry Access Project

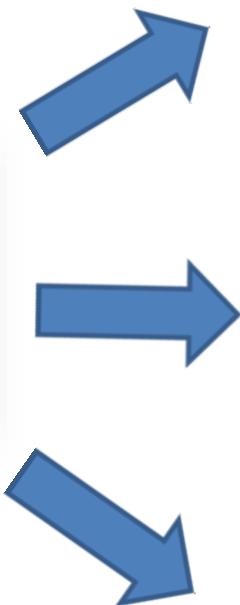


**The goal of MCPAP for Moms is the increase the capacity of frontline providers to address perinatal depression**

Massachusetts Child Psychiatry Access Project



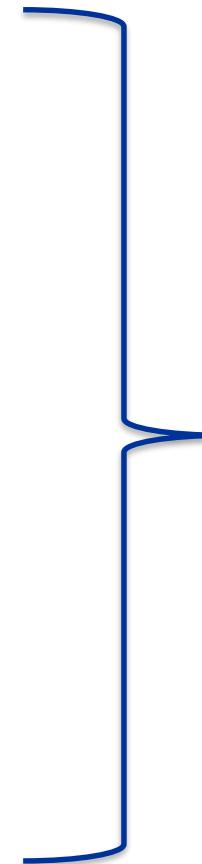
**The goal of MCPAP for Moms is the increase the capacity of frontline providers to address perinatal depression**



**Discuss potential  
management  
strategies**

**Recommend a Face  
to Face Evaluation**

**Refer to the  
community**



# We serve all providers for pregnant and postpartum women



Obstetric providers/  
Midwives

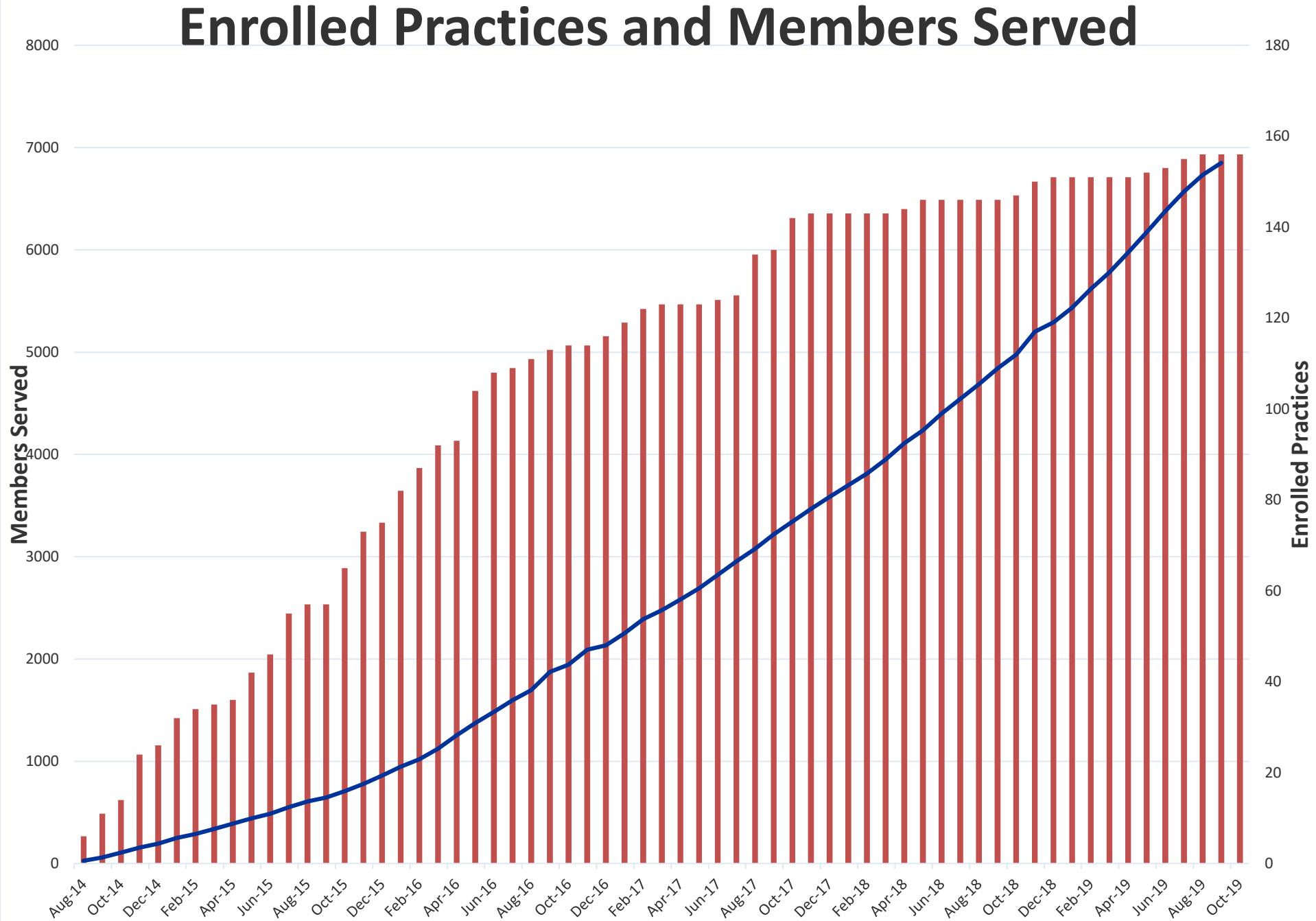
Family  
Medicine/  
Primary Care  
providers

SUD  
providers

Psychiatric  
providers

Pediatric  
providers  
5%

# Enrolled Practices and Members Served





**2013-2014  
Depression**



**2016  
Depression  
Anxiety**



**2017  
Bipolar  
Disorder**



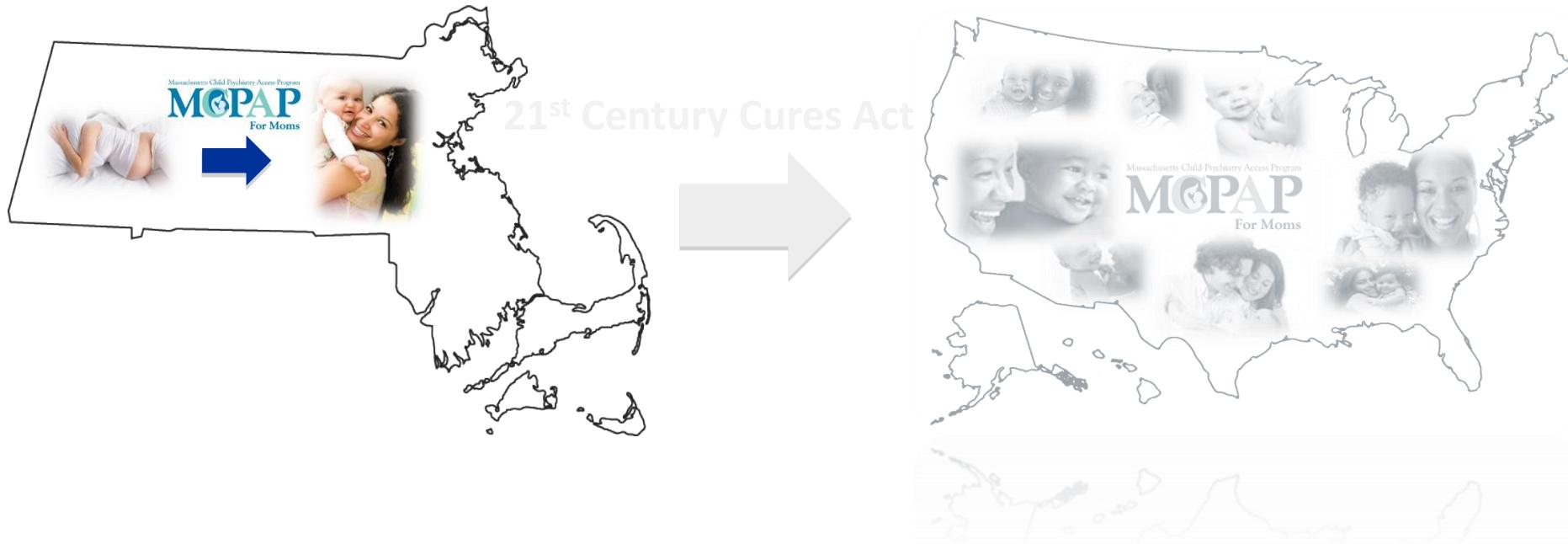
**2018  
Substance  
Use  
Disorders**



**2019  
Inequities,  
disparities,  
TIC, ACEs,  
SDoH**

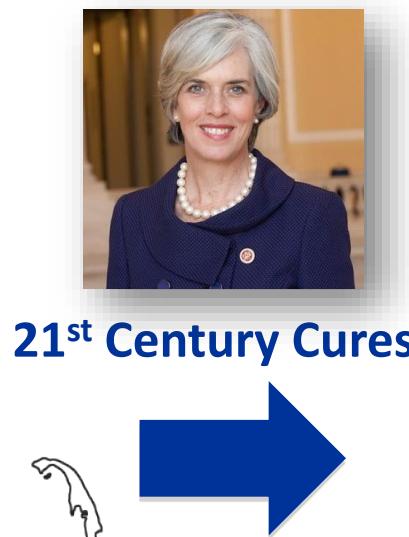
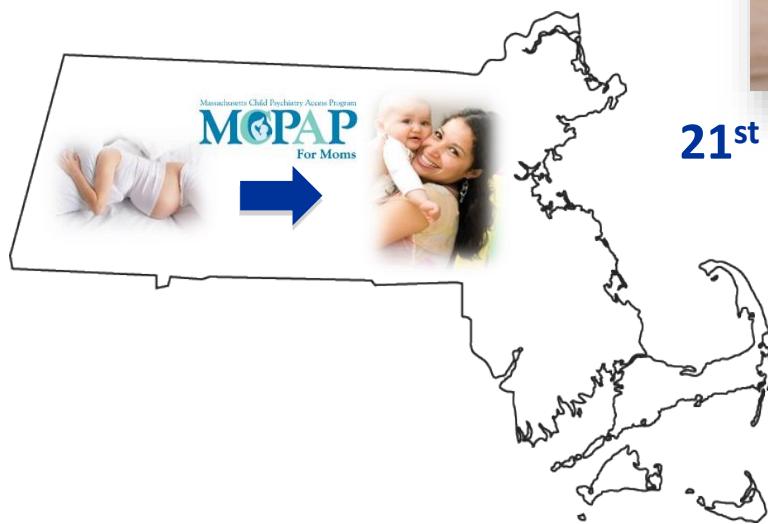


# With MCPAP for Moms, all women across MA have access to treatment for treatment for mental health & substance use disorders



MCPAP for Moms can serve as model for other states in the US

With MCPAP for Moms, all women across MA have access to treatment for treatment for mental health & SUDs



**MCPAP for Moms has served as model for others states in the US**



Partnership Access  
Line (PAL) For  
Moms  
206-268-2924



# The Meadowlark Initiative

HEALTHY PREGNANCIES & SECURE FAMILIES



Michigan Child Collaborative Care Program For Moms



## VERMONT



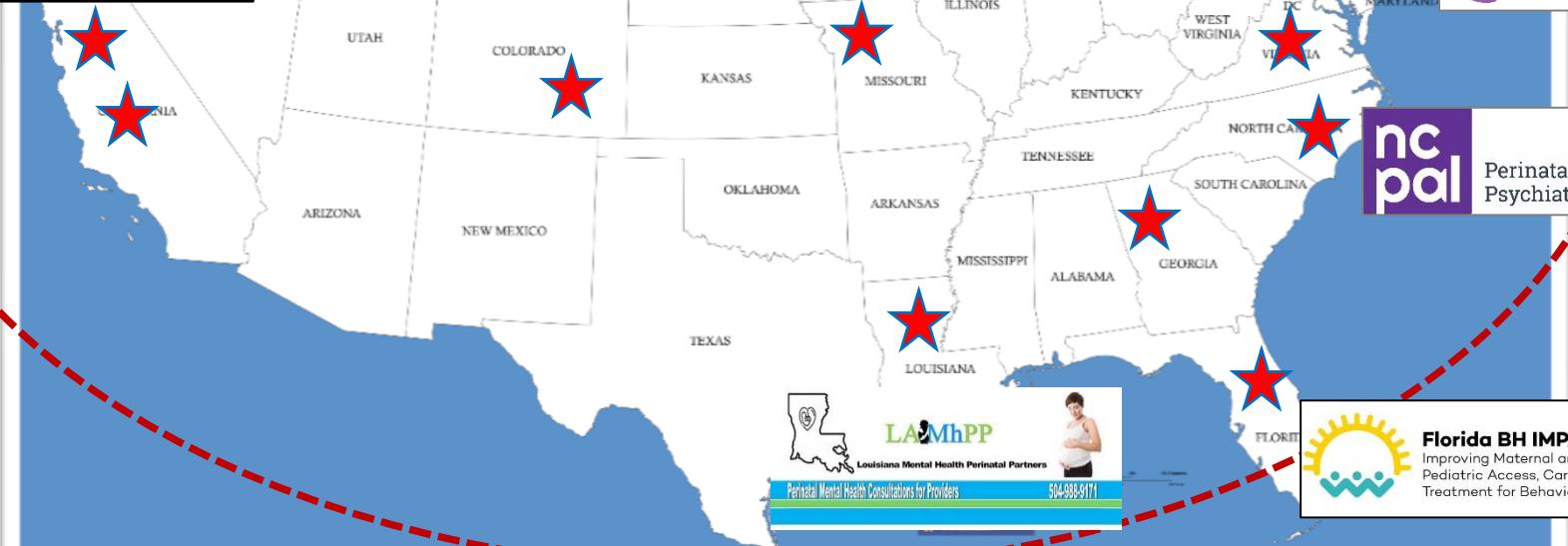
# MCPAP



PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION



MomsPRN  
MATERNAL Psychiatry  
Resources Network



# There is global interest in the model



**The Lifeline4Moms Network aims to improve maternal & child health through Access Programs**



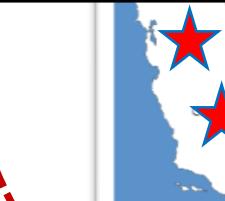
# The Network aims to unify programs in the pursuit of a common mission

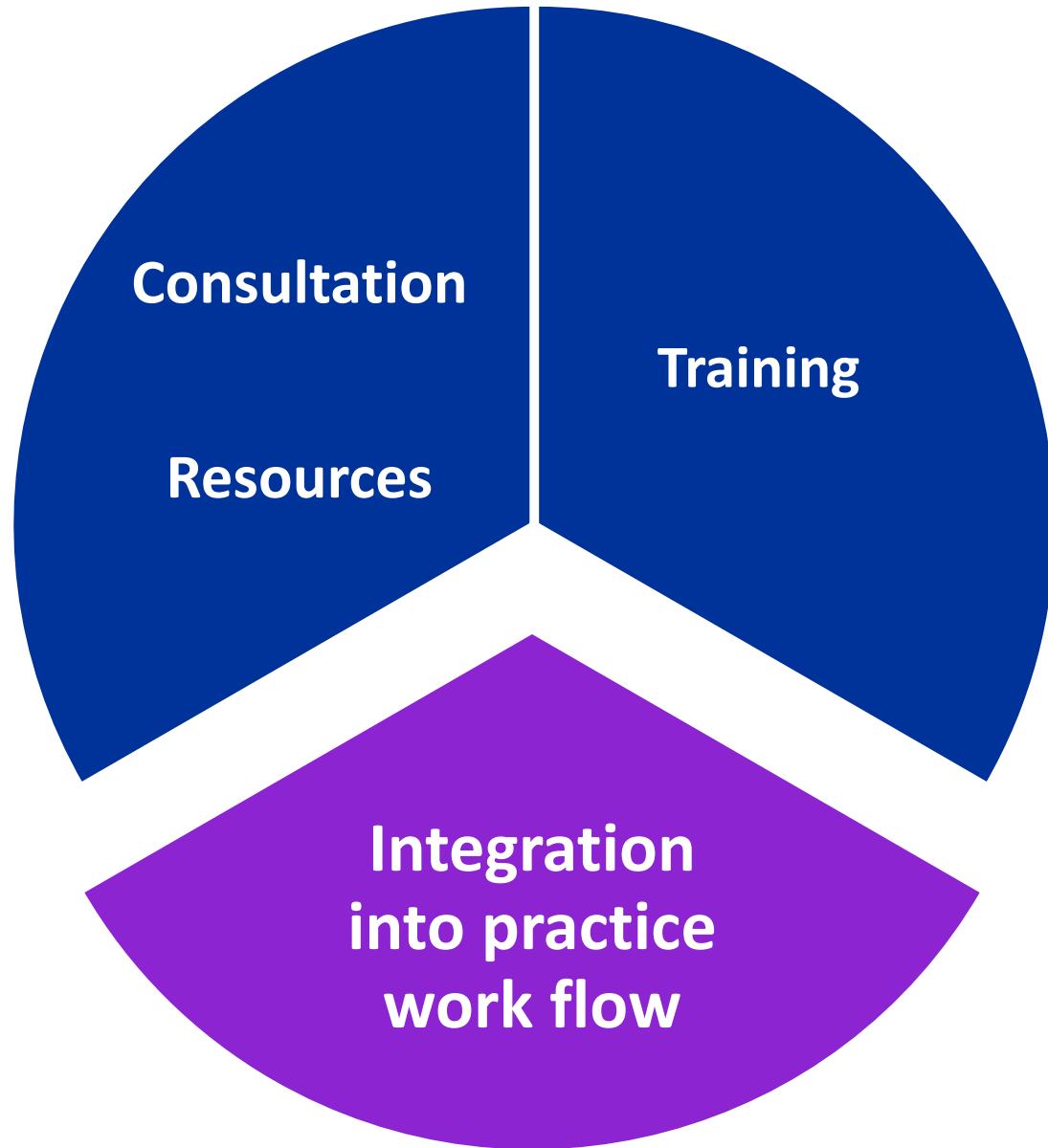


# The Network also helps aspiring program and brings stakeholders together

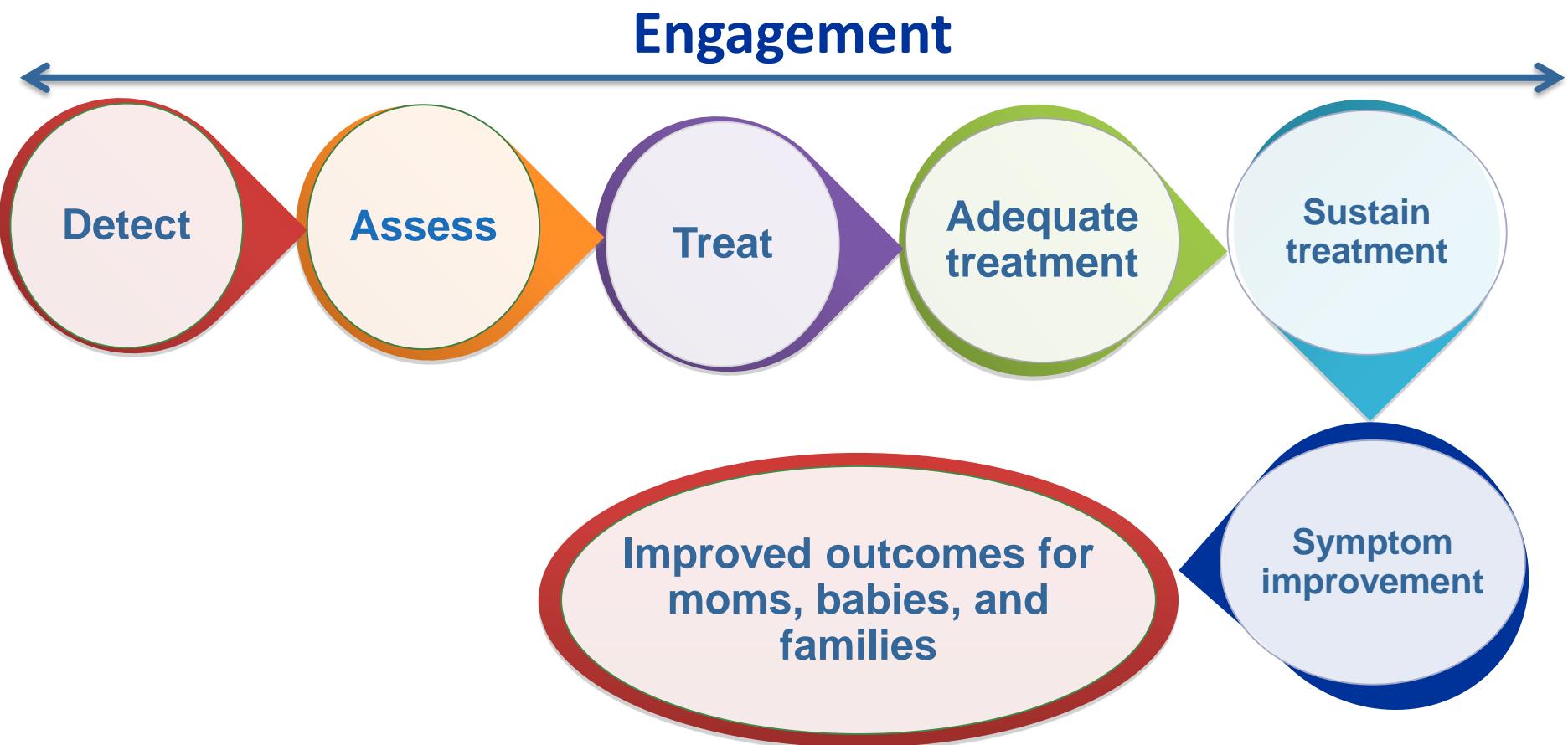


Partnership Access  
Line (PAL) For  
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206-268-2924  
[Click to learn more!](#)

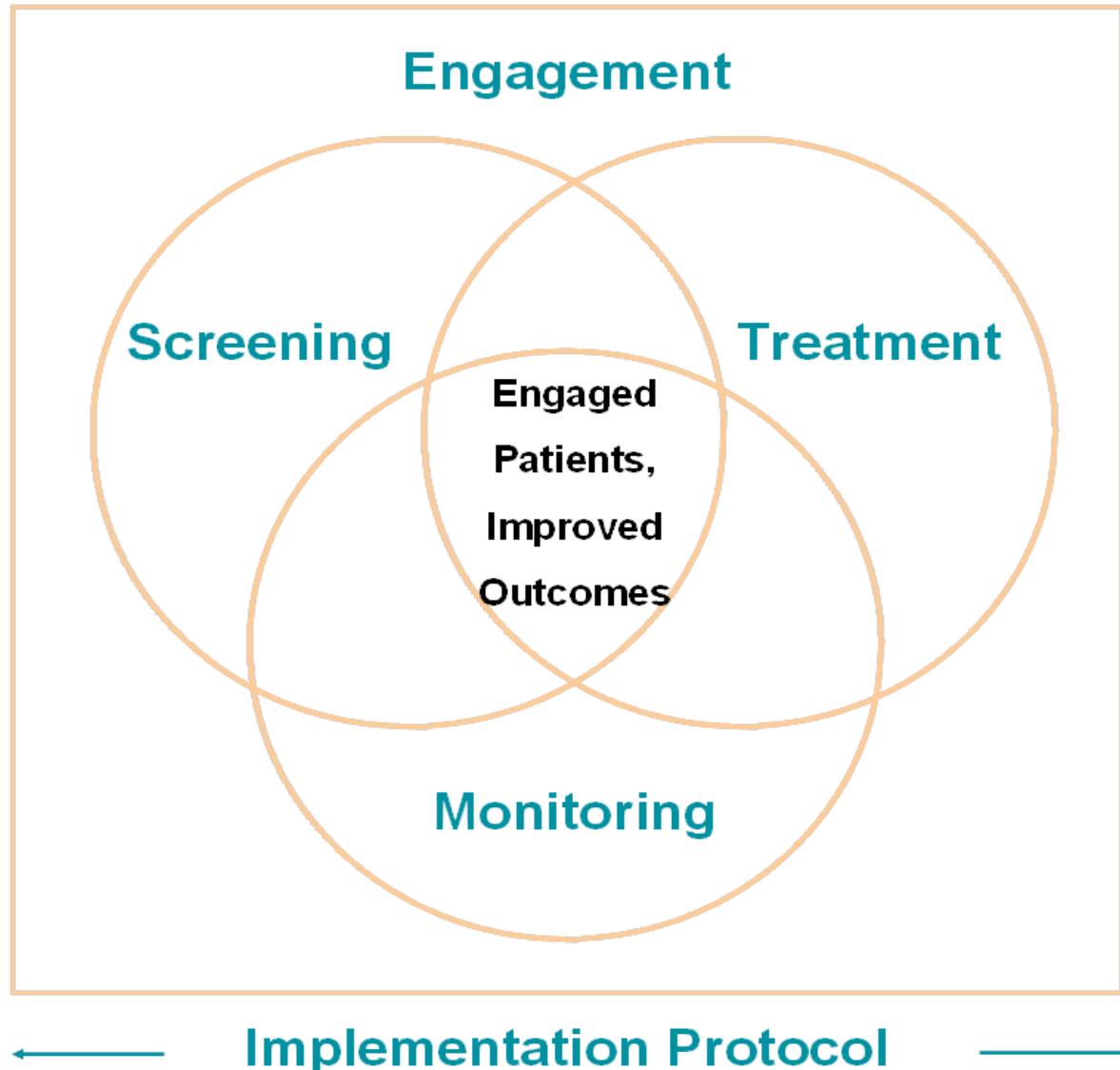


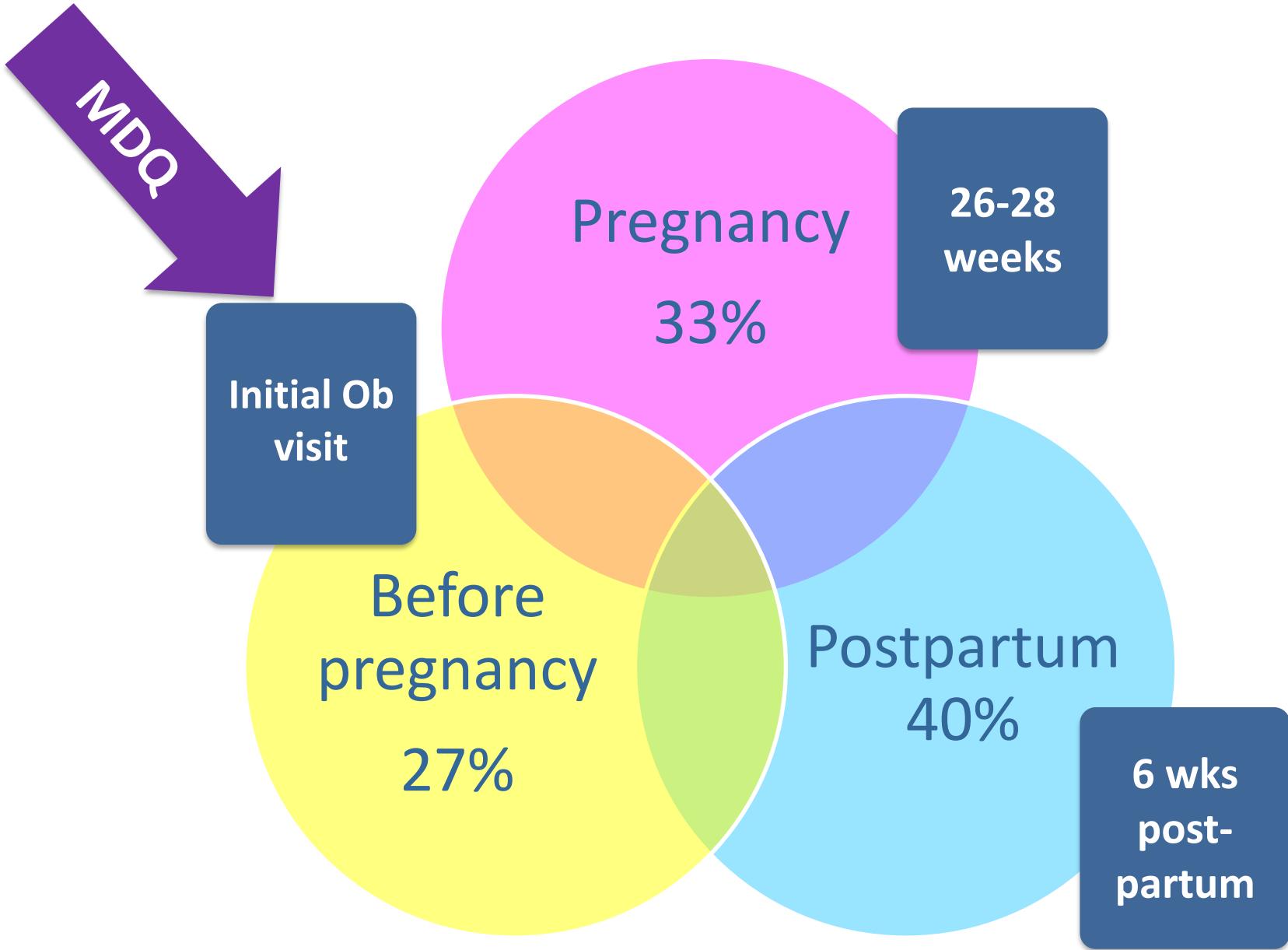


# Proactive practice-level interventions are needed to fully integrate mental health care into ob care



# PRISM leverages existing resources to help practices integrate depression into obstetric care





# Care can be stepped up as needed

Education  
and monitoring

**EPDS <10**

**Manage in Ob setting  
with consultation**

**EPDS >10; MDQ –**

**Refer to Psychiatrist;  
Consultation**

**EPDS >10; MDQ +**

# CDC-funded PRISM Group RCT

Refine PRISM and the large group RCT protocol;  
Conduct run-in phase (Phase 1)



Conduct Group RCT (Phase 2)

Randomize 10 Ob/Gyn clinics

5 clinics

PRISM

5 clinics

MCPAP for Moms alone

Random selection of perinatal patient study participants from clinic patient roster

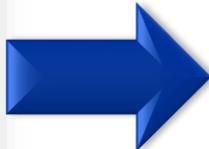


Follow patients longitudinally until 12 months postpartum and assess depression and treatment participation

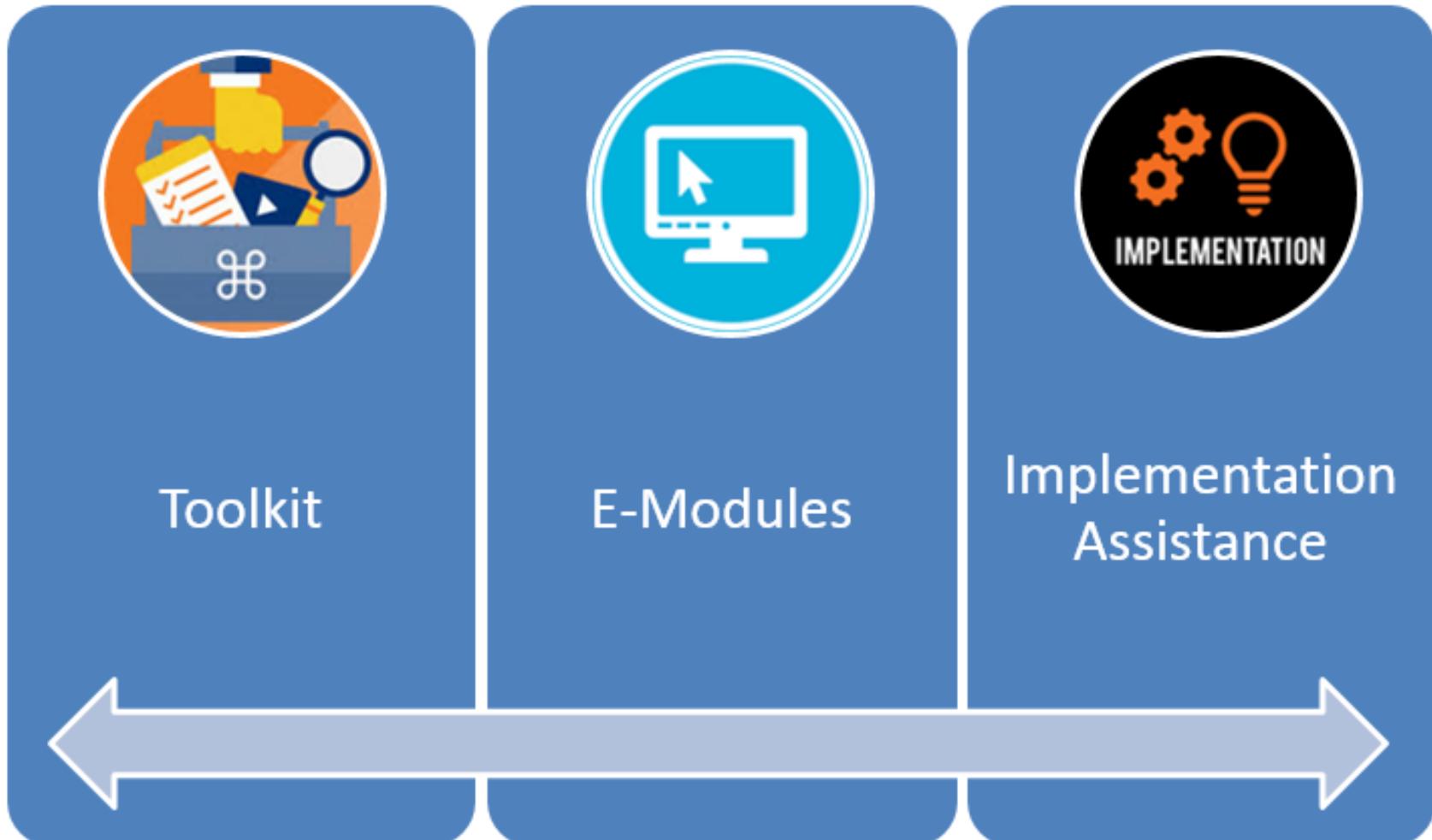


Dissemination to facilitate national uptake  
(Phase 3)

# Truly scalable approaches are still needed



# Scalable training and tools are being developed and tested



# NIMH-funded Group RCT

Refine training, toolkit and implementation protocol;  
Conduct run-in phase (Phase 1)

Conduct Group RCT (Phase 2)

Randomize 25 Ob/Gyn clinics

10 practices

10 practices

5 practices

e-modules/toolkit, implementation

e-modules/training

usual care

Chart abstraction and provider surveys

Asses the extent to which the addition and toolkit and lean implementation changes provider practices

Dissemination with ACOG to facilitate national uptake  
(Phase 3)

# Sustainable approaches to addressing perinatal mental health conditions are needed

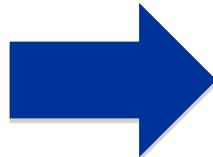
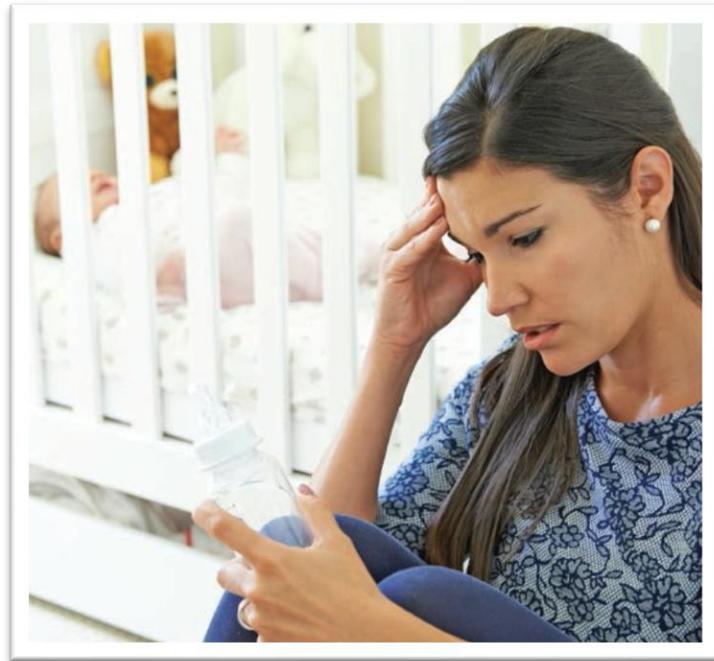


**Need scalable  
implementation  
approaches**

**No financial  
incentive**

**Need  
sustainable  
approaches**

# Integrating mental health care into obstetric care can be transformative for the women we serve



**Led by professional societies and governmental organizations, expectations of obstetric care providers are changing**

# QUESTIONS?



[Nancy.Byatt@umassmemorial.org](mailto:Nancy.Byatt@umassmemorial.org)

Thank you!